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09-28-01

PTO/SB/29 (1/98)
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| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No. | M-12165 US |
| | First Named Inventor or Application Identifier | Sreen Ragahavan |
| | Title | Low Complexity High Speed Communication Transceiver |
| | Express Mail Label No. | EL 701021301 US |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents | | ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231 |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form - see page 2 of this form. (Submit an original, and a duplicate for fee processing) | | 6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of _____ pages of microfiche containing _____ frames on each page in accompanying envelope. 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) _____ pages 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (combined when there is an _____ with Patent Declaration above.) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS) & <input type="checkbox"/> PTO-1449 <input type="checkbox"/> _____ Copies of IDS Citations/References 12. <input type="checkbox"/> Preliminary Amendment _____ pages 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed _____ pages <input checked="" type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed. 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other: <input type="checkbox"/> Copy of Petition for Extension of Time filed in parent appln.; <input type="checkbox"/> |
| 2. Application: <input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling _____ pages) Appendix(ces) _____, & _____ (_____ pages) <input checked="" type="checkbox"/> Claim(s) 6 pages <input checked="" type="checkbox"/> Abstract of the Disclosure 1 page <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets _____] Oath or Declaration <input checked="" type="checkbox"/> unsigned [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | |
| 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. 09/904432 Filed on 7/11/01, entitled: High-Speed Communications Transceiver PRIOR APPLICATION INFORMATION: Examiner _____ Group Art Unit _____ | | |
| 18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label Name Gary J. Edwards Attorneys for Applicant Skjerven Morrill MacPherson LLP Address 25 Metro Drive, Suite 700 City San Jose State CA Zip Code 95110 Country: United States Telephone (408) 453-9200 Fax (408) 453-7979 or <input checked="" type="checkbox"/> Correspondence address below Reg. No. 41,008 | | |

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19. Fee calculations.

| CLAIMS (Number Filed) | (1) FOR | (2) | | (3) NUMBER EXTRA | | (4) RATE | | (5) CALCULATIONS |
|-------------------------------------|--|-----|---|---------------------|---|--|---|---------------------|
| 37 | TOTAL CLAIMS (37 CFR 1.16(c)) | -20 | = | 17 | x | \$18 | = | \$ 306.00 |
| 2 | INDEPENDENT CLAIMS (37 CFR 1.16(b)) | -3 | = | 0 | x | \$80 | = | \$ 0.00 |
| <input checked="" type="checkbox"/> | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d)) | | | | + | \$270.00 | = | |
| | | | | | | BASIC FEE (37 CFR 1.16(a)) | = | \$ 710.00 |
| | | | | | | Total of above Calculations | = | \$1,016.00 |
| | | | | | | Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28). | = | \$508.00 |
| | | | | | | TOTAL | = | \$508.00 |

20. **FEES:** The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. **19-2386:**

- a. ☒ Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)
- b. ☒ Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)
- c. ☐ Fees required under 37 CFR 1.18. (Patent Issue Fees)

21. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

| | | | | | | |
|-----------------------------------|--|-----------|--|----------|---|--|
| Customer Number or Bar Code Label | | | | | <input type="checkbox"/> New correspondence address below | |
| NAME | | | | | | |
| ADDRESS | | | | | | |
| CITY | | STATE | | ZIP CODE | | |
| COUNTRY | | TELEPHONE | | FAX | | |

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | |
|---|-----------------|
| Skjerven Morrill MacPherson LLP | |
| 25 Metro Drive, Suite 700 | |
| San Jose, CA 95110 | |
| Tel. (408) 453-9200 Fax. (408) 453-7979 | |
| Date: | 9/26/01 |
| Name | Gary J. Edwards |
| Signature | |
| Reg. No. | 41,008 |
| Express Mail Label No. | EL 701021301 US |